

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **29642**  
**3960**

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Kansas</u> b. COUNTY <u>SHAWNEE</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>   |  | c. LENGTH OF STAY (in this place) <u>1 day</u>  |  | c. CITY OR TOWN <u>TOPEKA</u>   |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>   |  |   |  | e. STREET ADDRESS (If rural, give location) <u>2020 LAKE</u>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>William</u>  |  | b. (Middle) <u>J.</u>   |  | c. (Last) <u>Anglin</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>9</u> <u>55</u>  |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>   |  | 8. DATE OF BIRTH <u>July 15, 1901</u>  |  |
| 9. AGE (In years last birthday) <u>54</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BAGGAGEMAN</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>KIOWA, KANSAS</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME <u>Sam F. Anglin</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Laura Martin</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>EUNICE ANGLIN</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>   |  | 16. SOCIAL SECURITY NO. <u>712-01-2656</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. EUNICE ANGLIN, 2020 LAKE, TOPEKA, KS.</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTERESTING</u> <u>Massive interstitial</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cerebral hemorrhage with rupture into ventricle +</u><br>DUE TO (c) <u>subarachnoid space</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death <u>Cerebral arteriosclerosis + malignant nephrosclerosis</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>331 X</u>   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?  |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>9-8-</u> <u>1955</u> , to <u>9-9-</u> <u>1955</u> , that I last saw the deceased <u>alive on 9-9-</u> <u>1955</u> , and that death occurred at <u>10:15p.</u> <u>m.</u> , from the causes and on the date stated above. |  |   |  |   |  |  |  |
| 23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) <u>D</u>  |  |   |  | 23b. ADDRESS <u>24th &amp; Cherry</u>   |  | 23c. DATE SIGNED <u>9-10-55</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>  |  | 24b. DATE <u>Sept. 10, 1955</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>TOPEKA</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>KANSAS</u>  |  |
| DATE REC'D BY LOCAL REG. <u>9-10-55</u>   |  | REGISTRAR'S SIGNATURE <u>neva minshall</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Newcomer</u> ADDRESS <u>1331 Brush Creek Blvd. Kansas City, Mo.</u>                             |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 28 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Chester K Brown*

Licensed Embalmer No. .... *48*

P. O. Address ..... *KCV*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.